



South Dakota State Board of Dentistry

P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079

Ph: 605-224-1282

Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com

www.sdboardofdentistry.com

SOUTH DAKOTA STATE BOARD OF DENTISTRY NOTICE OF MEETING The Public is Welcome to Attend

South Dakota State Board of Dentistry

Board Meeting Agenda

10:00 a.m. Friday October 20, 2017

or immediately following the Administrative Rules Public Hearing

SD Housing Development Authority Board Room – 3060 E. Elizabeth St. Pierre, SD

- 1) Call to Order
- 2) Open Forum: *5 minutes for the public to address the Board*
- 3) Approval of Minutes: *June 16, 2017*
- 4) Adoption of Agenda
- 5) Financial Report
- 6) Office Update
- 7) Executive Session - SDCL 1-25-2(3) and (4)
- 8) License Applications
- 9) Old Business
 - a. Silver Diamine Fluoride Advisory Opinion – *The Board will review a draft advisory opinion.*
- 10) New Business
 - a. Administrative Rules – *The Board will discuss draft revisions to ARSD 20:43:03.*
 - b. Registered Dental Assistants/Dental Assistants – *The Board will discuss matters related to registered dental assistants and dental assistants.*
 - c. Policy Updates – *The Board will review the Application Review Policy.*
 - d. Volunteer Applications – *The Board will discuss the volunteer application process and a request from the St. Francis Mission Dental Clinic.*
 - e. Board Approved Course List – *The Board will review the Board approved courses and a request for course approval.*
 - f. Cardiopulmonary Resuscitation (CPR) Courses – *The Board will review a request for course approval.*
 - g. SDDA/SDDHA Honorarium Request – *The Board will discuss the SDDA and SDDHA speaker honorarium request.*
 - h. Appointments: *The Board will appoint individuals to vacant positions.*
- 11) Announcements: Next Meetings – January 12, 2018; June 15, 2018; October 12, 2018
- 12) Adjourn

SD State Board of Dentistry
Board Meeting
SD Housing Development Authority Conference Room
Friday, June 16, 2017 10:00 am

President Roy Seaverson called the meeting to order at 10:04 am Central.

Present were: Dr. Roy Seaverson, Dr. Amber Determan, Dr. Tara Schaack, Dr. Nick Renemans, Dr. Harold Doerr, Zona Hornstra, Kris O'Connell, Brittany Novotny, and Lisa Harsma.

Present via teleconference: Maria Piacentino.

Guests included: Dr. Mark Kampfe, Dr. Edward Lynch, Paul Knecht, Connie Halverson, and Nance Orsbon.

The Board reviewed the minutes from the January 13, 2017 and May 18, 2017 meetings. Motion to approve the minutes of January 13, 2017 and May 18, 2017 by Doerr. Second by Hornstra. Motion carried.

Novotny presented the financial statements. Motion to approve the financial statements by Schaack. Second by Hornstra. Motion carried.

Novotny provided an office update.

Motion to move into Executive Session pursuant to SDCL 1-25-2(3) and (4) by Hornstra. Second by Schaack. Motion carried. The board went into Executive Session at 10:15 am.

Motion to move out of Executive Session by Hornstra. Second by Renemans. Motion carried. The board moved out of Executive Session at 11:17 am.

Motion to approve the Agreed Dispositions for complaint 3.1516 by Determan. Second by Schaack. Motion carried.

Motion to approve the Agreed Disposition for complaint 12.1516 by Doerr. Second by Determan. Motion carried.

Motion to approve the Continuing Education request of Dr. Tyson Ellenbecker by Schaack. Second by Hornstra. Motion carried.

Motion to approve the contracts, as presented, by Doerr. Second by Determan. Motion carried.

Motion to approve the dentist credential verification applications of Shannon Williams Ankenbrandt, Weston J. Hafner, Mark Grove Turner and Douglas B. Van Hofwegen by Schaack. Second by Doerr. Motion carried.

Motion to approve the dental hygienist credential verification applications of Kelli Ann Corkins, Jessica Eisenbarth, Karla Kay Roberts-Loehr, Katie Robinson and Tammy Marie Steger by Hornstra. Second by Determan. Motion carried.

Motion to approve the dentist applications of William D. Baune, Stacey L. Borowski, Andrew Alan Boyd, Kyla M. Boyd, Ashley Rose Edelburg, Joshua Clarence Fulton, Paul Geoffrey Boyd Johnson,

Jamie Kern, Daniel Kohler, Edward Alex Kusek, Troy Richard Larsen, Taylor M. Maier, Paul Juel Meyer, Brock T. Nelsen, Kelsey Elizabeth Peterson, Hillary G. Van Dyke, Austin Vetter, Eric Jordan Veurink and Bryce Alan Wilen by Doerr. Second by Hornstra. Motion carried.

Motion to approve the dental hygienist applications of Kristyn Lee Bahr, Kylie M. Beckman, Melody Beloskur, Mackenzie Blow, Abbey Elizabeth Brakke, Jazmine Brown, Brooke R. Fisher, April A. Hensen, Raven Hill, Page J. Jensen, Audrey Alanna Kastrup, Haley Rae Malsom, Hannah Olson, Elizabeth Anne Runge, Sarah Sanborn, Kaylee Sehr, Bretni Sichmeller, Madison McKenzie Smith, Kelli Rose Sprik, Viet Ngoc Tran, Janelle Louise Vogt, and Kylie Caroline Wilmes by Hornstra. Second by Doerr. Motion carried.

Motion to approve the corporation applications of Nebraska Dental Care LLC; d/b/a Woodhull Dental Care LLC, Brock F. Tidstrom, D.D.S., P.C., Pediatric Dentistry, P.C. d/b/a Jeffrey Hemmingsen, D.D.S., P.C., and Mike Wheatley, DDS, of South Dakota, P.C. by Schaack. Second by Doerr. Motion carried.

Motion to approve the collaborative supervision application of Brittney Henke by Hornstra. Second by Renemans. Motion carried.

The Board discussed Silver Diamine Fluoride and directed Kris O'Connell to draft an advisory opinion regarding Silver Diamine Fluoride.

Motion to approve the recommendations of the Anesthesia Credentials Committee by Doerr. Second by Renemans. Motion carried.

Motion to approve the Approved Courses policy as presented by Doerr. Second by Hornstra. Motion carried.

Motion to approve the Board Policies by Hornstra. Second by Schaack. Motion carried.

Motion to approve the Continuing Education Guidelines by Renemans. Second by Schaack. Motion carried.

Motion to approve the Advisory Opinion on Dental Hygienists/Radiographs by Determan, Second by Hornstra. Motion carried.

Motion to approve the Advisory Opinion on Collaborative Supervision by Hornstra. Second by Doerr. Motion carried.

Schaack presented a report from the 2017 AADB Mid-Year Meeting.

Motion to approve annual memberships to the American Association of Dental Boards (AADB) and the American Association of Dental Administrators (AADA) by Hornstra. Second by Determan. Motion carried.

Motion to approve travel for two representatives to attend the AADB 2017 Annual and 2018 Mid-Year meeting and one representative to attend the AADA 2017 Annual and 2018 Mid-Year meeting by Seaverson. Second by Schaack. Motion carried.

Doerr nominated Dr. Tara Schaack for the position of President, Dr. Amber Determan for the position of Vice President and Zona Hornstra for the position of Secretary/Treasurer. Motion to cease nominations

and cast a unanimous ballot for Dr. Tara Schaack as President, Dr. Amber Determan as Vice President and Zona Hornstra as Secretary/Treasurer by Doerr. Second by Renemans. Motion carried.

The Board announced the following meeting dates: October 20, 2017, January 12, 2018, June 15, 2018 and October 12, 2018.

Motion to adjourn by Hornstra. Second by Doerr. Motion carried. The meeting was adjourned at 1:09 pm.

Tina Van Camp, Secretary

Remaining Authority by Object/Subobject

Expenditures current through 09/30/2017 01:21:16 PM

HEALTH -- Summary

FY 2018 Version -- AS -- Budgeted and Informational

FY Remaining: 75.1%

09202 Subobject	Board of Dentistry - Info	Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
EMPLOYEE SALARIES							
5101030	Board & Comm Mbrs Fees	6,754	360	0	0	6,394	94.7
Subtotal		6,754	360	0	0	6,394	94.7
EMPLOYEE BENEFITS							
5102010	Oasi-employer's Share	509	28	0	0	481	94.5
Subtotal		509	28	0	0	481	94.5
51 Personal Services							
Subtotal		7,263	388	0	0	6,875	94.7
TRAVEL							
5203030	Auto-priv (in-st.) H/rte	1,500	260	0	0	1,240	82.7
5203070	Air-charter-in State	16,000	5,324	0	0	10,676	66.7
5203100	Lodging/in-state	1,000	0	0	0	1,000	100.0
5203130	Non-employ. Travel-in St.	2,500	399	0	0	2,101	84.0
5203140	Meals/taxable/in-state	200	0	0	0	200	100.0
5203150	Non-taxable Meals/in-st	200	0	0	0	200	100.0
5203260	Air-comm-out-of-state	2,000	0	0	0	2,000	100.0
5203330	Non-employ Travel-out-st.	3,000	0	0	0	3,000	100.0
Subtotal		26,400	5,983	0	0	20,417	77.3
CONTRACTUAL SERVICES							
5204010	Subscriptions	300	0	0	0	300	100.0
5204020	Dues & Membership Fees	15,000	3,310	0	0	11,690	77.9
5204050	Computer Consultant	26,900	17,999	13,501	0	-4,600	0.0
5204060	Ed & Training Consultant	8,307	120	2,380	0	5,807	69.9
5204080	Legal Consultant	30,000	7,342	0	0	22,658	75.5
5204090	Management Consultant	155,603	48,865	120,679	0	-13,941	0.0
5204100	Medical Consultant	15,000	1,425	23,575	0	-10,000	0.0
5204130	Other Consulting	15,500	4,462	83,938	0	-72,900	0.0
5204160	Workshop Registration Fee	1,000	0	0	0	1,000	100.0
5204181	Computer Services-state	2,600	0	0	0	2,600	100.0
5204190	Computer Services-private	500	0	0	0	500	100.0
5204200	Central Services	1,082	984	0	0	98	9.1
5204203	Central Services	200	0	0	0	200	100.0
5204204	Central Services	700	85	0	0	615	87.9
5204207	Central Services	1,000	120	0	0	880	88.0
5204310	Audit Services-state	3,500	0	0	0	3,500	100.0

Remaining Authority by Object/Subobject

Expenditures current through 09/30/2017 01:21:16 PM

HEALTH -- Summary

FY 2018 Version -- AS -- Budgeted and Informational

FY Remaining: 75.1%

09202 Board of Dentistry - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL	
5204360 Advertising-newspaper	400	686	0	0	-286	0.0	
5204480 Microfilm & Photography	500	0	0	0	500	100.0	
5204510 Rents-other	225	0	0	0	225	100.0	
5204530 Telecommunications Srves	3,000	842	0	0	2,158	71.9	
5204550 Garbage & Sewer	0	4	0	0	-4	0.0	
5204590 Ins Premiums & Surety Bds	1,000	0	0	0	1,000	100.0	
5204740 Bank Fees And Charges	7,500	0	0	0	7,500	100.0	
5204960 Other Contractual Service	4,500	1,356	0	0	3,144	69.9	
Subtotal	294,317	87,600	244,073	0	-37,356	0.0	
SUPPLIES & MATERIALS							
5205020 Office Supplies	2,100	116	0	0	1,984	94.5	
5205310 Printing-state	1,500	0	0	0	1,500	100.0	
5205320 Printing-commercial	4,600	0	0	0	4,600	100.0	
5205350 Postage	4,500	1,306	0	0	3,194	71.0	
Subtotal	12,700	1,422	0	0	11,278	88.8	
GRANTS AND SUBSIDIES							
5206070 Grants To Non-profit Org	7,500	0	0	0	7,500	100.0	
Subtotal	7,500	0	0	0	7,500	100.0	
OTHER							
5208010 Other	1,000	0	0	0	1,000	100.0	
Subtotal	1,000	0	0	0	1,000	100.0	
52 Operating Subtotal	341,917	95,005	244,073	0	2,839	0.8	
Total	349,180	95,393	244,073	0	9,714	2.8	

BA0225R5 09/30/2017

STATE OF SOUTH DAKOTA
REVENUE SUMMARY BY BUDGET UNIT
FOR PERIOD ENDING: 09/30/2017

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AGENCY 09 HEALTH
BUDGET UNIT 09202 BOARD OF DENTISTRY

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE
COMPANY NO COMPANY NAME	6503 PROFESSIONAL & LICENSING BOARDS				
092020061807	6503	4293005	DENTIST CREDENTIAL	.00	500.00
092020061807	6503	4293015	HYGIENIST CREDENTIAL	.00	600.00
092020061807	6503	4293105	DENTIST NEW LICENSE	150.00	150.00
092020061807	6503	4293110	DENTIST LICENSE RENEWAL	.00	12,240.00
092020061807	6503	4293115	DENTIST JP EXAM	225.00	450.00
092020061807	6503	4293125	DENTIST REINSTATE LICENSE	1,575.00	4,725.00
092020061807	6503	4293135	DENTIST NITROUS OXIDE	120.00	200.00
092020061807	6503	4293137	DENTIST NITROUS RENEW	120.00	1,720.00
092020061807	6503	4293145	DENTIST MOD SEDAT RENEW	.00	50.00
092020061807	6503	4293147	DENTIST MOD SED AD RENEW	.00	200.00
092020061807	6503	4293205	HYGIENIST NEW LICENSE	300.00	500.00
092020061807	6503	4293210	HYGIENIST RENEWAL LICENSE	.00	13,585.00
092020061807	6503	4293215	HYGIENIST JP EXAM	380.00	920.00
092020061807	6503	4293220	HYGIENIST ANESTH RENEW	80.00	2,820.00
092020061807	6503	4293222	HYGIENIST ANESTHESIA	120.00	200.00
092020061807	6503	4293225	HYGIENIST REINSTATE	575.00	3,220.00
092020061807	6503	4293235	HYGIENIST NITROUS OXIDE	200.00	240.00
092020061807	6503	4293237	HYGIENIST NIT OXIDE RENEW	60.00	2,160.00
092020061807	6503	4293305	RADIOLOGY NEW	440.00	2,240.00
092020061807	6503	4293307	RADIOLOGY RENEWAL	.00	3,720.00
092020061807	6503	4293315	RADIOLOGY REINSTATE	680.00	1,800.00
092020061807	6503	4293405	ADA EXPANDED FUNCTION NEW	480.00	1,360.00
092020061807	6503	4293410	ADA EXPAND FUNCTION RENEW	.00	2,420.00
092020061807	6503	4293415	ADA EXPAND FUNCT REINSTAT	280.00	1,000.00

STATE OF SOUTH DAKOTA
REVENUE SUMMARY BY BUDGET UNIT
FOR PERIOD ENDING: 09/30/2017

AGENCY 09 HEALTH
BUDGET UNIT 09202 BOARD OF DENTISTRY

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
092020061807	6503	4293420	ADA EXPAND FUNC ADMIN NIT	360.00	1,080.00	
092020061807	6503	4293422	ADA EXPAND FUNC NIT RENEW	40.00	1,080.00	
092020061807	6503	4293505	CORPORATE NEW LICENSE	100.00	200.00	
092020061807	6503	4293600	TEMP LICENSE	250.00	350.00	
092020061807	6503	4293850	COLLABORATIVE SUPERVISION	20.00	20.00	
ACCT: 4293		BUSINESS & OCCUP LICENSING (NON-GOVERNMENTAL)		6,555.00	59,750.00	*
092020061807	6503	4299000	OTHER LIC., PRMTS, & FEES	3,326.28-	.00	
ACCT: 4299		OTHER LIC, PRMTS, & FEES (NON-GOVERNMENTAL)		3,326.28-	.00	*
ACCT: 42		LICENSES, PERMITS & FEES		3,228.72	59,750.00	**
092020061807	6503	4595000	VERIFICATION LETTERS	75.00	275.00	
092020061807	6503	4595800	LIST OF PRACTITIONERS	.00	900.00	
ACCT: 4595				75.00	1,175.00	*
ACCT: 45		CHARGES FOR SALES & SERVICES		75.00	1,175.00	**
092020061807	6503	4920045	NONOPERATING REVENUES	.00	7,139.16	
ACCT: 4920		NONOPERATING REVENUE		.00	7,139.16	*
ACCT: 49		OTHER REVENUE		.00	7,139.16	**
CNTR: 092020061807				3,303.72	68,064.16	***
CNTR: 092020061				3,303.72	68,064.16	****
CNTR: 0920200				3,303.72	68,064.16	*****
COMP: 6503				3,303.72	68,064.16	*****
B UNIT: 09202				3,303.72	68,064.16	*****

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STATE OF SOUTH DAKOTA
CASH CENTER BALANCES
AS OF: 09/30/2017

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AGENCY: 09 HEALTH
BUDGET UNIT: 09202 BOARD OF DENTISTRY

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	092000061807	1140000	640,429.53	DR	BOARD OF DENTISTRY
COMPANY/SOURCE TOTAL 6503 618			640,429.53	DR *	
COMP/BUDG UNIT TOTAL 6503 09202			640,429.53	DR **	
BUDGET UNIT TOTAL 09202			640,429.53	DR ***	

Is it within the scope of practice of a dentist to use silver diamine fluoride to treat dental caries, and to delegate its application to a dental hygienist – Advisory Opinion.

It is within the scope of licensed dentists pursuant to SDCL § 36-6A-31(1)(2)(3)(8) and (13) to utilize the use of silver diamine fluoride to treat dental caries. Said use should follow an appropriate diagnosis and the establishment of a treatment plan. A dentist may delegate the application of silver diamine fluoride to the following:

- A dental hygienist under general supervision;
- A dental hygienist under direct supervision; or
- A registered dental assistant under direct supervision.

The application of silver diamine fluoride is not a delegable procedure to a dental hygienist under collaborative supervision.

This advisory opinion was rendered by the Board upon submission of a written request. Although advisory opinions are not judicially reviewable and do not have the force and effect of law, they do serve as a guideline for dental hygienists who wish to engage in safe dental hygiene practices. This advisory opinion was adopted at the meeting of the South Dakota Board of Dentistry on _____, 2017.

1 CHAPTER 20:43:02

2 APPLICATIONS AND EXAMINATIONS

3 Section

4 20:43:02:01 Requirements for jurisprudence examinations Transferred.

5 20:43:02:01.01 Repealed.

6 20:43:02:02 Application for exams Transferred.

7 20:43:02:03 Repealed.

8 20:43:02:04 Repealed.

9 20:43:02:05 Repealed.

10 20:43:02:01. Transferred to §§ 20:43:03:01, 20:43:03:04, 20:43:03:08, and

11 20:43:03:10. Requirements for jurisprudence examinations. An applicant for a license to
12 practice as a dentist or dental hygienist must pass a written examination administered by the
13 board on the relevant administrative rules and statutes. A score of 70 percent or higher is
14 considered passing.

15 ——— ~~Source:~~ SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 11 SDR 73, effective
16 November 27, 1984; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 18 SDR 132, effective
17 February 17, 1992; 19 SDR 32, effective September 6, 1992; 20 SDR 166, effective April 11,
18 1994; 26 SDR 37, effective September 20, 1999; 27 SDR 57, effective December 12, 2000; 38
19 SDR 172, effective April 25, 2012; 43 SDR 16, effective August 15, 2016.

20 ——— ~~General Authority:~~ SDCL 36-6A-47(10), 36-6A-47.1(10).

21 ——— ~~Law Implemented:~~ SDCL 36-6A-47(10), 36-6A-47.1(10).

1 ~~20:43:02:02. Transferred to § 20:43:03:05. Application for exams. Each jurisprudence~~
2 ~~examination must be submitted to the board with the examination fee of \$225 for a dentist or~~
3 ~~\$115 for a dental hygienist.~~

4 ~~—— Source: SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 8 SDR 95, effective~~
5 ~~February 15, 1982; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 18 SDR 132, effective~~
6 ~~February 17, 1992; 20 SDR 166, effective April 11, 1994; 38 SDR 172, effective April 25, 2012;~~
7 ~~43 SDR 16, effective August 15, 2016.~~

8 ~~—— General Authority: SDCL 36-6A-47(10), 36-6A-47.1(10), 36-6A-50(1)(2).~~

9 ~~—— Law Implemented: SDCL 36-6A-47(10), 36-6A-47.1(10), 36-6A-50(1)(2).~~

10 CHAPTER 20:43:03

11 LICENSING DENTISTS AND DENTAL HYGIENISTS

12 Section

13 20:43:03:01 Applicants Application for license to practice as a dentist -- Requirements.

14 20:43:03:02 ~~Repealed.~~ Clinical Competency Examination – License to practice as a dentist.

15 20:43:03:03 Repealed.

16 20:43:03:04 Requirements Application for licensure of dentists and dental hygienists by
17 license to practice as a dentist -- credential Credential verification.

18 20:43:03:04.01 ~~Requirements for foreign-trained dentists and dental hygienists. Repealed.~~

19 20:43:03:04.02 Requirements for temporary registration of dentists and dental hygienists.

20 20:43:03:05 ~~Repealed.~~ Jurisprudence Examination -- Fee.

21 20:43:03:06 ~~Certificate of registration~~ Annual Renewal of License -- Renewal fees.

22 20:43:03:07 Continuing education requirements -- Dentists.

23 20:43:03:07.01 Continuing education requirements -- Dental hygienists.

20:43:03:07.02 ~~Continuing education requirements~~ ~~Registered dental assistants.~~ Transferred

20:43:03:08 ~~Repealed.~~ Application for license to practice as a dental hygienist - Requirements.

20:43:03:09 ~~Repealed.~~ Clinical Competency Examination – License to practice as a dental hygienist.

20:43:03:10 ~~Repealed.~~ Application for license to practice as a dental hygienist - Credential verification.

20:43:03:11 ~~Lost or destroyed license~~ or registration -- Replacement.

20:43:03:01. Applicants Application for license to practice as a dentist --

Requirements. ~~An applicant for a license to practice dentistry or dental hygiene must be a graduate of a dental or dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation. The applicant~~ as a dentist shall submit the following:

(1) A completed application form and a fee of \$150 ~~for dentists and \$100 for dental hygienists;~~

(2) ~~A copy of the diploma~~ Certified Transcripts ~~or, when approved,~~ a certified letter from a dental ~~or dental hygiene~~ school official verifying that the applicant has graduated from an American Dental Association Commission on Dental Accreditation accredited United States dental school, having obtained a doctor of dental medicine or a doctor of dental surgery degree;

(3) ~~A copy of the applicant's passing~~ Verification of passage of the National Board Dental Examination ~~grades or certificate~~ Part I and II;

(4) ~~A copy of the applicant's passing Central Regional Dental Testing Service examination or Western Regional Examining Board examination grades or certificate. The applicant must have passed the Central Regional Dental Testing Service or Western Regional Examining Board~~

~~examination~~ Verification of passage of a board approved patient based clinical competency examination that meets the criteria outlined in 20:43:03:02 within the five years preceding application:

~~_____ (a) If an applicant fails any part of the Central Regional Dental Testing Service examination or the Western Regional Examining Board examination twice, the applicant must receive remedial education from a school accredited by the American Dental Association Commission on Dental Accreditation before taking the regional examination a third time. An applicant who fails a third time~~ any combination of board approved clinical competency examinations three times is not eligible for licensure in South Dakota;

(5) A certified letter verifying the license number and status of such license from the Board of Dentistry in each state in which the applicant is or has been licensed, if applicable;

(6) A copy of the applicant's birth certificate or equivalent documentation;

(7) A recent notarized photograph; ~~and~~

(8) A copy of the applicant's current cardiopulmonary resuscitation (CPR) card. The board accepts only the American Heart Association for the Healthcare Provider, the American Red Cross for the Professional Rescuer, or an equivalent program approved by the board; ~~and~~

~~_____~~ (9) Completed fingerprint cards necessary to conduct a state and federal criminal background check.

~~_____~~ An applicant for a license to practice as a dentist must pass a written examination administered by the board on the relevant administrative rules and statutes. A cut score of 70 percent is considered passing.

1 A complete application must be received at least 30 days before the board meeting to be
2 considered. If requested, an applicant must appear for a personal interview conducted by the
3 board on a date set by the board.

4 **Source:** SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 12 SDR 151, 12 SDR
5 155, effective July 1, 1986; 18 SDR 132, effective February 17, 1992; 20 SDR 166, effective
6 April 11, 1994; 26 SDR 37, effective September 20, 1999; 27 SDR 57, effective December 12,
7 2000; 38 SDR 172, effective April 25, 2012.

8 **General Authority:** SDCL 36-6A-14(3), 36-6A-44(3), 36-6A-50(13) and (14).

9 **Law Implemented:** SDCL 36-6A-14(3), 36-6A-44(3).

10 **20:43:03:02. Fee for certificate of registration. Repealed.**

11 ~~Source: SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 8 SDR 95, effective~~
12 ~~February 15, 1982; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 18 SDR 132, effective~~
13 ~~February 17, 1992; repealed, 38 SDR 172, effective April 25, 2012.~~

14 **Clinical competency examination – License to practice as a dentist.** The board may approve
15 a patient based clinical competency examination pursuant to 20:43:03:01(4) that includes, at a
16 minimum, a cut score of seventy five percent along with the following components:

17 (1.) A patient-based periodontal component that includes at least the following:

- 18 i. Pocket depth detection;
- 19 ii. Calculus detection and removal; and
- 20 iii. An intra oral and extra oral assessment;

21 (2.) A patient-based restorative component that includes at least the following:

- 22 i. A class II composite or amalgam preparation and restoration. Slot
23 preparations will not be accepted as fulfilling this requirement; and

1 ii. A class III anterior composite preparation and restoration;

2 (3.) A manikin-based prosthodontic component that includes at least the following:

3 i. An all ceramic anterior crown preparation; and

4 ii. A three unit fixed bridge that includes:

5 1. A cast gold posterior crown preparation; and

6 2. A porcelain fused to metal crown preparation;

7 (4.) A manikin-based endodontic component that includes at least the following:

8 i. An anterior endodontic procedure that includes access opening,
9 instrumentation, and obturation; and

10 ii. A posterior endodontic procedure that includes access opening and canal
11 location; and

12 (5.) A remediation policy to address candidate deficiencies.

13 General Authority: SDCL 36-6A-14(3), 36-6A-44(4)

14 Law Implemented: SDCL 36-6A-14(3), 36-6A-44(4)

15 **20:43:03:03. Reciprocity requirements -- Fees. Repealed.**

16 **Source:** SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 8 SDR 95, effective
17 February 15, 1982; 12 SDR 151, 12 SDR 155, effective July 1, 1986; repealed, 18 SDR 132,
18 effective February 17, 1992.

19 **20:43:03:04. Requirements Application for licensure of dentists and dental**
20 **hygienists by license to practice as a dentist -- eredential Credential verification. To receive**
21 ~~South Dakota licensure as a~~ An applicant for a license to practice as a dentist or dental hygienist
22 ~~under by~~ credential verification, an applicant must meet the requirements of SDCL 36-6A-47.
23 ~~An applicant for a license to practice dentistry or dental hygiene must be a graduate of a dental or~~

1 ~~dental hygiene school accredited by the American Dental Association Commission on Dental~~
2 ~~Accreditation. In addition, the candidate shall submit the following at least 30 days before the~~
3 ~~board meeting:~~

4 (1) A completed application form and fee of \$500 ~~for dentists and \$200 for dental~~
5 ~~hygienists;~~

6 (2) A ~~physician's statement from a licensed doctor of medicine, doctor of osteopathic~~
7 ~~medicine, physician assistant, or certified nurse practitioner~~ attesting to the applicant's physical
8 and mental condition;

9 (3) ~~A copy of the applicant's passing~~ Verification of passage of the National Board Dental
10 Examination Part I and II grades or certificate;

11 (4) ~~A copy of the applicant's passing Regional Board Examination grades or certificate~~
12 Verification of passage of a patient based clinical competency examination that has been
13 approved by the board or passage of a state examination or examinations that the board deems
14 equivalent;

15 (5) A certified letter verifying the license number and status of such license from the board
16 of dentistry in each state in which the applicant is or has been licensed;

17 (6) ~~A copy of the diploma or a certified letter from a dental or dental hygiene school~~
18 ~~official verifying that the applicant has graduated~~ Certified Transcripts or, when approved, a
19 certified letter from a dental school official verifying that the applicant has graduated from an
20 American Dental Association Commission on Dental Accreditation accredited United States
21 dental school, having obtained a doctor of dental medicine or a doctor of dental surgery degree;

22 (7) A copy of the applicant's birth certificate or equivalent documentation;

(8) A copy of the applicant's current cardiopulmonary resuscitation (CPR) card. The board accepts only the American Heart Association for the Healthcare Provider, the American Red Cross for the Professional Rescuer, or an equivalent program approved by the board; and

(9) A recent notarized photograph; and

(10) Completed fingerprint cards necessary to conduct a state and federal criminal background check.

An applicant for a license to practice as a dentist must pass a written examination administered by the board on the relevant administrative rules and statutes. A cut score of 70 percent is considered passing.

A complete application must be received at least 30 days before the board meeting to be considered. If requested, an applicant for licensure by credential verification must appear for a personal interview conducted by the board on a date set by the board.

Source: SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 8 SDR 95, effective February 15, 1982; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 19 SDR 32, effective September 6, 1992; 26 SDR 37, effective September 20, 1999; 38 SDR 172, effective April 25, 2012.

General Authority: SDCL 36-6A-14(3), 36-6A-47, 36-6A-50(~~49~~18).

Law Implemented: SDCL 36-6A-14(3), 36-6A-47, 36-6A-50(~~49~~18).

~~**Cross-References:** Dentists, dental hygienists, and dental auxiliaries, SDCL ch 36-6A; Dental corporations, SDCL ch 47-12.~~

~~**20:43:03:04.01.Repealed.** Requirements for foreign-trained dentists and dental hygienists. A foreign trained dentist or dental hygienist that has not graduated from a dental or~~

1 dental hygiene school accredited by the American Dental Association Commission on Dental
2 Accreditation must meet the following requirements: —

3 ~~(1) Meet all requirements of § 20:43:03:01 or 20:43:03:04 for a dentist or a dental~~
4 ~~hygienist; and~~

5 ~~(2) In lieu of graduation from a dental or dental hygiene school accredited by the~~
6 ~~American Dental Association Commission on Dental Accreditation, the applicant must submit~~
7 ~~certification from a dental or dental hygiene school accredited by the American Dental~~
8 ~~Association Commission on Dental Accreditation stating that the applicant has been tested and~~
9 ~~received the training necessary for the school to certify, in writing, that the applicant is equal in~~
10 ~~knowledge and ability to a graduate of a dental or dental hygiene school accredited by the~~
11 ~~American Dental Association Commission on Dental Accreditation in the United States or~~
12 ~~Canada within the five years preceding the date of application.~~

13 **Source:** 18 SDR 132, effective February 17, 1992; 26 SDR 37, effective September 20,
14 1999; 38 SDR 172, effective April 25, 2012.

15 ~~— **General Authority:** SDCL 36-6A-14(3), 36-6A-44(4).~~

16 ~~— **Law Implemented:** SDCL 36-6A-44(4), 36-6A-47.~~

17 **20:43:03:04.02. Requirements for temporary registration of dentists and dental**
18 **hygienists.** The board may issue a temporary registration for a specified period of time and
19 location if an applicant meets has met all requirements of § 20:43:03:01 or 20:43:03:04 for a
20 license to practice as a dentist or a dental hygienist or if an applicant has met all requirements of
21 36-6A-49 and submits a fee of \$50.

22 **Source:** 18 SDR 132, effective February 17, 1992; 20 SDR 166, effective April 11, 1994;
23 38 SDR 172, effective April 25, 2012.

1 **General Authority:** SDCL 36-6A-14(3), 36-6A-44, 36-6A-44.2, 36-6A-47, 36-6A-47.1,
2 36-6A-49, 36-6A-49.1, 36-6A-50(9).

3 **Law Implemented:** SDCL 36-6A-14(3), 36-6A-44, 36-6A-44.2, 36-6A-47, 36-6A-47.1,
4 36-6A-49, 36-6A-49.1, 36-6A-50(9).

5 **20:43:03:05. Requirements for licensure of hygienists by endorsement and**
6 **qualification approval. Repealed.**

7 ~~Source: SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 8 SDR 95, effective~~
8 ~~February 15, 1982; 12 SDR 151, 12 SDR 155, effective July 1, 1986; repealed, 19 SDR 32,~~
9 ~~effective September 6, 1992.~~

10 **Jurisprudence Examination -- Fee.** Each jurisprudence examination must be submitted to the
11 board with the examination fee of \$225 for a dentist or \$115 for a dental hygienist.

12 **General Authority:** SDCL 36-6A-47(10), 36-6A-47.1(10), 36-6A-50(1)(2).

13 **Law Implemented:** SDCL 36-6A-47(10), 36-6A-47.1(10), 36-6A-50(1)(2).

14 **20:43:03:06. ~~Certificate of registration~~ Annual renewal of license -- Renewal fees.**
15 Each person licensed to practice ~~dentistry or dental hygiene~~ as a dentist or a dental hygienist in
16 South Dakota must annually procure a certificate of registration from the board by July 1 ~~each~~
17 ~~year first.~~ Each person licensed to practice as a dentist or a dental hygienist must maintain a
18 current cardiopulmonary resuscitation (CPR) card. The board accepts only the American Heart
19 Association for the Healthcare Provider, the American Red Cross for the Professional Rescuer,
20 or an equivalent program approved by the board. ~~Dentists~~ A dentist must pay an annual
21 registration fee of \$150 plus a continuing education fee of \$20, and a dental hygienists must pay
22 an annual registration fee of \$75 plus a continuing education fee of \$20.

1 **Source:** SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 8 SDR 95, effective
2 February 15, 1982; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 164, effective May
3 10, 1987; 16 SDR 133, effective February 15, 1990; 38 SDR 172, effective April 25, 2012.

4 **General Authority:** SDCL 36-6A-14(5) and (6), 36-6A-50(3), (4) and (7), (10), and (17),
5 36-6A-52.

6 **Law Implemented:** SDCL 36-6A-50(3), (4), and (7), (10), and (17) 36-6A-52.

7 **Cross-Reference:** Reinstatement of suspended or revoked license, SDCL 36-6A-25.

8 **20:43:03:07. Continuing education requirements -- Dentists.** A dentist must ~~take~~
9 complete at least 100 hours of board approved continuing education in each five-year licensure
10 cycle, as outlined in the board approved continuing education guidelines. _____

11 ____ Twenty-five hours of the required ~~one hundred~~ 100 hours must be university-based. A
12 ~~university-based course~~ University-based hours must be taken physically at a dental school
13 accredited by the American Dental Association Commission on Dental Accreditation or the
14 course presenter must be affiliated with a dental school accredited by the American Dental
15 Association Commission on Dental Accreditation.

16 ~~A dentist must maintain a current cardiopulmonary resuscitation (CPR) card. The board~~
17 ~~accepts only the American Heart Association for the Healthcare Provider, the American Red~~
18 ~~Cross for the Professional Rescuer, or an equivalent program approved by the board.~~

19 ~~The remaining hours may be obtained in the following manner:~~

20 ~~(1) Five hours of credit may be earned for each attendance at state, regional, and national~~
21 ~~meetings;~~

22 ~~_____ (2) One hour of credit may be earned for each hour of attendance at lectures or courses~~
23 ~~given at local, state, regional, or national dental meetings.~~

Credit for nutrition is limited to 15 hours per five-year licensure cycle. Credit for practice management is limited to 10 hours per five-year licensure cycle. Credit for home study courses is limited to 30 hours per five-year licensure cycle. Credit for ~~CPR~~ cardiopulmonary resuscitation is limited to 15 hours per five-year licensure cycle. Credit for clinical is unlimited per five-year licensure cycle.

Dentists holding a general anesthesia and deep sedation or moderate sedation permit must complete an additional 25 hours of continuing education in anesthesia related topics per five-year licensure cycle.

Source: SL 1975, ch 16, § 1; 5 SDR 68, effective February 13, 1979; 6 SDR 87, effective March 2, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 23, effective September 3, 1986; 18 SDR 132, effective February 17, 1992; 20 SDR 166, effective April 11, 1994; 26 SDR 37, effective September 20, 1999; 35 SDR 67, effective September 25, 2008; 37 SDR 131, effective January 6, 2011; 38 SDR 172, effective April 25, 2012.

General Authority: SDCL 36-6A-14(1), (3), and (13), 36-6A-55.

Law Implemented: SDCL 36-6A-14(1), (3) and (13), 36-6A-55.

20:43:03:07.01. Continuing education requirements -- Dental hygienists. A dental hygienist must ~~earn~~ complete at least 75 hours of board approved continuing education in each five-year licensure cycle, as outlined in the board approved continuing education guidelines.

~~A dental hygienist must have documented at least five hours of continuing education in dental radiography per five year licensure cycle which must meet the course requirements in § 20:43:07:10.~~

1 ~~A dental hygienist must maintain a current cardiopulmonary resuscitation (CPR) card. The~~
2 ~~board accepts only the American Heart Association for the Healthcare Provider, the American~~
3 ~~Red Cross for the Professional Rescuer, or an equivalent program approved by the board.~~

4 ~~The remaining hours may be earned in the following manner:~~

5 ~~(1) Five hours of credit may be earned for each attendance at state, regional, and national~~
6 ~~meetings;~~

7 ~~—— (2) One hour of credit may be earned for each hour of attendance at lectures or courses~~
8 ~~given at local, state, regional, or national dental meetings.~~

9 Five hours of the required 75 hours must be in dental radiography. Credit for dental
10 radiography is limited to 20 hours per five-year licensure cycle. Credit for nutrition is limited to
11 15 hours per five-year licensure cycle. Credit for practice management is limited to 10 hours per
12 five-year licensure cycle. Credit for home study courses is limited to 30 hours per five-year
13 licensure cycle. Credit for CPR-cardiopulmonary resuscitation is limited to 15 hours per five-
14 year licensure cycle. Credit for clinical is unlimited per five-year licensure cycle.

15 **Source:** 13 SDR 23, effective September 3, 1986; 18 SDR 132, effective February 17,
16 1992; 20 SDR 18, effective August 16, 1993; 20 SDR 166, effective April 11, 1994; 26 SDR 37,
17 effective September 20, 1999; 35 SDR 67, effective September 25, 2008; 38 SDR 172, effective
18 April 25, 2012.

19 **General Authority:** SDCL 36-6A-14(1) and (3), 36-6A-55.

20 **Law Implemented:** SDCL 36-6A-55.

21 ~~20:43:03:07.02. Transferred to 20:43:08:09.01—Continuing education requirements—~~
22 ~~Registered dental assistants. Registered dental assistants must earn 60 hours of board approved~~
23 ~~continuing education in each five-year licensure cycle.~~

1 ~~—— Registered dental assistants must maintain a current cardiopulmonary resuscitation (CPR)~~
2 ~~card. The board accepts only the American Heart Association for the Healthcare Provider, the~~
3 ~~American Red Cross for the Professional Rescuer, or an equivalent program approved by the~~
4 ~~board.~~

5 ~~—— The remaining hours may be earned in the following manner:~~

6 ~~—— (1) Five hours of credit may be earned for each attendance at state, regional, and national~~
7 ~~meetings;~~

8 ~~—— (2) One hour of credit may be earned for each hour of attendance at lectures or courses~~
9 ~~given at local, state, regional, or national dental meetings.~~

10 ~~—— Credit for nutrition is limited to 15 hours per five year licensure cycle. Credit for practice~~
11 ~~management is limited to 10 hours per five year licensure cycle. Continuing education through~~
12 ~~home study courses is limited to 30 hours per five year licensure cycle. Credit for CPR is limited~~
13 ~~to 15 hours per five year licensure cycle.~~

14 **Source:** 19 SDR 32, effective September 6, 1992; 20 SDR 166, effective April 11, 1994;
15 35 SDR 67, effective September 25, 2008; 38 SDR 172, effective April 25, 2012; 42 SDR 19,
16 effective August 17, 2015.

17 ~~—— **General Authority:** SDCL 36-6A-14(1), 36-6A-55.~~

18 ~~—— **Law Implemented:** SDCL 36-6A-55.~~

19 **20:43:03:08. Annual registration — Active and inactive.** Repealed.

20 ~~—— **Source:** SL 1975, ch 16, § 1; repealed, 6 SDR 87, effective March 2, 1980.~~

21 **Application for license to practice as a dental hygienist -- Requirements.** An applicant for a
22 **license to practice as a dental hygienist shall submit the following:**

23 ~~—— (1) A completed application form and a fee of \$100;~~

1 (2) Certified Transcripts or, when approved, a certified letter from a dental hygiene
2 school official verifying that the applicant has graduated from an American Dental Association
3 Commission on Dental Accreditation accredited United States dental hygiene program, having
4 obtained a dental hygiene degree;

5 (3) Verification of passage of the National Board Dental Hygiene Examination;

6 (4) Verification of passage of a board approved patient based clinical competency
7 examination that meets the criteria outlined in 20:43:03:09 within the five years preceding
8 application. An applicant who fails any combination of board approved clinical competency
9 examinations three times is not eligible for licensure in South Dakota;

10 (5) A certified letter verifying the license number and status of such license from the
11 Board of Dentistry in each state in which the applicant is or has been licensed, if applicable;

12 (6) A copy of the applicant's birth certificate or equivalent documentation;

13 (7) A recent notarized photograph; and

14 (8) A copy of the applicant's current cardiopulmonary resuscitation (CPR) card. The board
15 accepts only the American Heart Association for the Healthcare Provider, the American Red
16 Cross for the Professional Rescuer, or an equivalent program approved by the board.

17 An applicant for a license to practice as a dental hygienist must pass a written examination
18 administered by the board on the relevant administrative rules and statutes. A cut score of 70
19 percent is considered passing.

20 A complete application must be received at least 30 days before the board meeting to be
21 considered. If requested, an applicant must appear for a personal interview conducted by the
22 board on a date set by the board.

23 **General Authority: SDCL 36-6A-14(3), 36-6A-44.2, 36-6A-50(14)**

1 Law Implemented: SDCL 36-6A-14(3), 36-6A-44.2.

2 ~~20:43:03:09. Inactive status—Eligibility.Repealed.~~

3 ~~——Source: SL 1975, ch 16, § 1; repealed, 6 SDR 87, effective March 2, 1980.~~

4 Clinical competency examination – License to practice as a dental hygienist. The board may
5 approve a patient based dental hygiene clinical competency examination pursuant to
6 20:43:03:08(4) that includes, at a minimum, a cut score of seventy five percent along with the
7 following components:

- 8 (1) Pocket depth detection;
- 9 (2) Calculus detection and removal;
- 10 (3) An intra oral and extra oral assessment; and
- 11 (4) A remediation policy to address candidate deficiencies.

12 General Authority: SDCL 36-6A-14(3), 36-6A-44.2(4)

13 Law Implemented: SDCL 36-6A-14(3), 36-6A-44.2(4)

14 ~~20:43:03:10. Return to active practice.Repealed.~~

15 ~~——Source: SL 1975, ch 16, § 1; repealed, 6 SDR 87, effective March 2, 1980.~~

16 Application for license to practice as a dental hygienist -- Credential verification. An
17 applicant for a license to practice as a dental hygienist by credential verification shall submit the
18 following:

- 19 (1) A completed application form and fee of \$200;
- 20 (2) A statement from a licensed doctor of medicine, doctor of osteopathic medicine,
21 physician assistant, or certified nurse practitioner attesting to the applicant's physical and mental
22 condition;
- 23 (3) Verification of passage of the National Board Dental Hygiene Examination;

1 (4) Verification of passage of a patient based clinical competency examination that has
2 been approved by the board or passage of a state examination or examinations that the board
3 deems equivalent;

4 (5) A certified letter verifying the license number and status of such license from the board
5 of dentistry in each state in which the applicant is or has been licensed;

6 (6) Certified Transcripts or, when approved, a certified letter from a dental hygiene
7 school official verifying that the applicant has graduated from an American Dental Association
8 Commission on Dental Accreditation accredited United States dental hygiene school, having
9 obtained a dental hygiene degree;

10 (7) A copy of the applicant's birth certificate or equivalent documentation;

11 (8) A copy of the applicant's current cardiopulmonary resuscitation (CPR) card. The board
12 accepts only the American Heart Association for the Healthcare Provider, the American Red
13 Cross for the Professional Rescuer, or an equivalent program approved by the board; and

14 (9) A recent notarized photograph.

15 An applicant for a license to practice as a dental hygienist must pass a written examination
16 administered by the board on the relevant administrative rules and statutes. A cut score of 70
17 percent is considered passing.

18 A complete application must be received at least 30 days before the board meeting to be
19 considered. If requested, an applicant must appear for a personal interview conducted by the
20 board on a date set by the board.

21 **General Authority:** SDCL 36-6A-14(3), 36-6A-47.1, 36-6A-50(18).

22 **Law Implemented:** SDCL 36-6A-14(3), 36-6A-47.1, 36-6A-50(18).

1 **20:43:07:10. Continuing education requirements - Dental radiographers.** A dental hygienist
2 ~~or any person certified in dental radiography must earn continuing education which shall include~~
3 ~~radiation safety, equipment operation, film processing, emergency procedures, anatomy and~~
4 ~~positioning of relevant procedures, radiographic quality assurance, correcting and identifying~~
5 ~~technique and processing errors, and recognition and identification of radiographic information,~~
6 ~~such as procedures for enhancing interpretation of radiographic information including disease. A~~
7 ~~dental hygienist or a person who is certified in dental radiography must have documented at least~~
8 ~~five hours of continuing education in dental radiography in a five-year period. Documentation of~~
9 ~~the training must include dates, the name of the instructor, and the subjects covered. A dental~~
10 radiographer must complete at least five hours of continuing education in dental radiography in
11 each five-year licensure cycle, as outlined in the board approved continuing education guidelines.

12 **Source:** 26 SDR 37, effective September 20, 1999; 32 SDR 188, effective May 15, 2006.

13 **General Authority:** SDCL 36-6A-14(1) and 7, 36-6A-2155.

14 **Law Implemented:** ~~SDCL 36-6A-14(1), 36-6A-21, 36-6A-55.~~

15 **CHAPTER 20:43:08**

16 **DENTAL ASSISTANTS AND REGISTERED DENTAL ASSISTANTS**

17 **Section**

18 20:43:08:01 Definitions.

19 20:43:08:02 Dental assistant -- Requirements.

20 20:43:08:03 Registered dental assistant -- Requirements.

21 20:43:08:04 Qualifications by endorsement.

22 20:43:08:05 Approval of programs -- Application.

23 20:43:08:06 Certificate of competency -- Examination.

1 20:43:08:07 Repealed.

2 20:43:08:08 Application for registration.

3 20:43:08:09 Fee for registration -- Renewal.

4 20:43:08:09.01. Continuing education requirements -- Registered dental assistants.

5 20:43:08:10 Delegation of duties -- Supervision.

6 20:43:08:11 Procedures that may not be delegated.

7 **20:43:08:09. Fee for registration -- Renewal.** If an applicant meets the requirements of
8 § 20:43:08:03, the board shall issue a registration as a registered dental assistant upon payment
9 of a fee of \$40 for initial registration. ~~By July 1 of each year, a~~ Each person registered to practice
10 as a registered dental assistant shall submit a must annually procure a certificate of registration
11 from the board by July first. Each person registered as a registered dental assistant must
12 maintain a current cardiopulmonary resuscitation (CPR) card. The board accepts only the
13 American Heart Association for the Healthcare Provider, the American Red Cross for the
14 Professional Rescuer, or an equivalent program approved by the board. A registered dental
15 assistant must pay an annual renewal fee of \$20. A registered dental assistant shall display the
16 registration in the office.

17 **Source:** 19 SDR 32, effective September 6, 1992; 38 SDR 172, effective April 25, 2012;
18 42 SDR 19, effective August 17, 2015.

19 **General Authority:** SDCL 36-6A-14(6) and (7), 36-6A-50(15) and (17).

20 **Law Implemented:** SDCL 36-6A-14(6) and (7), 36-6A-50(15) and (17).

21 **20:43:08:09.01. Continuing education requirements -- Registered dental assistants. A**
22 registered dental assistant must earn 60 hours of board approved continuing education in each
23 five-year licensure cycle, as outlined in the board approved continuing education guidelines.

1 Credit for nutrition is limited to 15 hours per five-year licensure cycle. Credit for practice
2 management is limited to 10 hours per five-year licensure cycle. Credit for home study courses is
3 limited to 30 hours per five-year licensure cycle. Credit for cardiopulmonary resuscitation is
4 limited to 15 hours per five-year licensure cycle. Credit for clinical is unlimited per five-year
5 licensure cycle.

6 **General Authority:** SDCL 36-6A-14(1) and (7), 36-6A-55.

7 **Law Implemented:** SDCL 36-6A-55.

Registered Dental Assistant Programs	
LATI	WDT
Take Impressions for casts and appropriate bite registrations	Take Impressions for casts and appropriate bite registrations
Apply topical medications and fluoride, cavity liners and bases.	Apply topical medications and fluoride, cavity liners and bases.
Place and remove periodontal dressings	Place and remove periodontal dressings
Preliminary charting of the oral cavity	Preliminary charting of the oral cavity
Etch enamel and place sealants.	Etch enamel and place sealants.
Place and remove dental rubber dam.	Place and remove dental rubber dam.
Remove excess supragingival cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments only.	Remove excess supragingival cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments only.
Construct custom trays.	Construct custom trays.
Place and remove nonsurgical retractions materials for gingival displacement	Place and remove retraction cord.
Prepare, place, and remove temporary crowns and bridges.	Prepare, place, and remove temporary crowns
Polish coronal surfaces of the teeth	Polish coronal surfaces of the teeth
Remove sutures	Remove sutures
Place and remove matrix bands and wedge matrix.	Place and remove wedge matrix bands.
Place and remove elastic orthodontic separators.	Place and remove elastic orthodontic separators
Pre select and cement orthodontic bands and brackets.	Pre select and cement orthodontic bands and brackets.
Remove excess cement from coronal surfaces of teeth with slow speed rotary instruments.	Remove excess cement from coronal surfaces of teeth.
Remove and replace ligature ties on orthodontic appliances.	Remove and replace ligature ties on orthodontic appliances.
Place and remove preformed arch wires.	Place and remove preformed arch wires
Administer nitrous oxide analgesia <u>with a separate certificate.</u>	Administer nitrous oxide analgesia <u>with a separate certificate.</u>
Radiographs <u>with a separate certificate.</u>	
Monitor sedation <u>with a separate certificate.</u>	

Application Review Policy: It is the policy of the Board to use the Application Review Policy as guidance when determining whether to issue a license, registration or permit. The Board, or a member of the Board, will be consulted as appropriate for complex applications.

Regular Applications

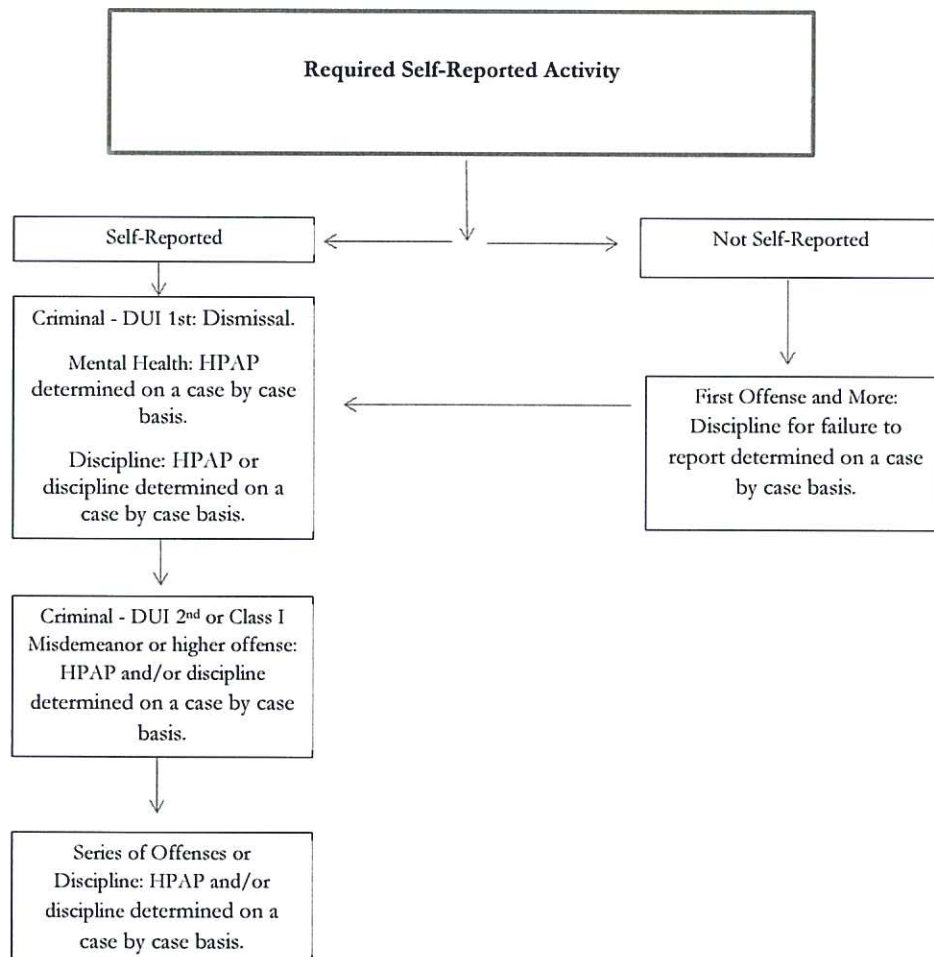
- Dentist: License Applications – A completed application will be reviewed by a Board member to determine if an interview is necessary. The Board may approve an application on a case by case basis.
- Dental Hygienist: License Applications – A completed application will be reviewed by a Board member to determine if an interview is necessary. The Board may approve an application on a case by case basis.
- Collaborative Supervision Applications - A completed application will be reviewed and may be approved by the Board on a case by case basis.
- Radiographer Applications - A completed application will be reviewed and may be approved by the board office staff on a case by case basis.
- Registered Dental Assistant Applications - A completed application will be reviewed and may be approved by the board office staff on a case by case basis.
- Corporation Applications - A completed application, or a change in the ownership or management of a registered corporation, will be reviewed and may be approved by the board office staff on a case by case basis.
- General Anesthesia and Deep Sedation Permit or Moderate Sedation Permit Applications (temporary and regular applications) - A completed application or inspection will be reviewed and may be approved by a member of the Board or the chair of the Anesthesia Credentials Committee on a case by case basis.
- All other permit applications - A completed application will be reviewed and may be approved by the board office staff on a case by case basis.

Volunteer and Temporary Applications

- Dentist: Temporary Permit Applications - A completed application will be reviewed and may be approved by a member of the Board on a case by case basis.
- Dental Hygienist: Temporary Permit Applications - A completed application will be reviewed and may be approved by a member of the Board on a case by case basis.
- Dentist and Dental Hygienist: Volunteer Temporary Registration and Permit Applications – A completed application will be reviewed and may be approved by a member of the Board on a case by case basis.
 - Dentist – Volunteer temporary nitrous oxide, moderate sedation or general/deep sedation: To obtain a temporary permit, the applicant must verify that he or she holds a valid permit to provide this service or is otherwise allowed to provide this service under a regular dental license in his or her home state and that he or she has been regularly providing such service during the three years preceding application, or if the person has graduated less than three years preceding application, that he or she has been regularly providing such service since graduation. The Board reserves the right to inspect any facility where anesthesia is being provided.
 - Dental Hygienist – Volunteer temporary local anesthesia, nitrous oxide and monitoring patients under anesthesia: To obtain a temporary permit, the applicant must verify that he or she holds a valid permit to provide this service or is otherwise

allowed to provide this service under a regular dental hygiene license in his or her home state and that he or she has been regularly providing such service during the three years preceding application, or if the person has graduated less than three years preceding application, that he or she has been regularly providing such service since graduation. The Board reserves the right to inspect any facility where anesthesia is being provided.

Self-Reported Activity: It is the policy of the Board to use the Self-Reported Activity as guidance when reviewing information required to be reported to the Board.





South Dakota State Board of Dentistry

P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079

Ph: 605-224-1282

Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com

www.sdboardofdentistry.com

DENTIST OR DENTAL HYGIENIST APPLICATION FOR VOLUNTEER REGISTRATION

You must submit a **completed** application with all supporting documents at least fifteen business days prior to the date(s) of service to allow for processing.

Please submit the following:

- 1) Completed application with a \$50.00 application fee;
- 2) A copy of your birth certificate;
- 3) A copy of your current license to practice as a dentist or dental hygienist;
- 4) A verification letter from the dentist you will be assisting in South Dakota that verifies the dates of your service;
- 5) A copy of your current cardiopulmonary resuscitation (CPR) card. This card must be valid through the dates of service listed below. The Board accepts only the American Heart Association for the Healthcare Provider, the American Red Cross for the Professional Rescuer or the American Heart Association ACLS; and
- 6) A verification letter from your state dental licensing board that verifies you are a dentist or dental hygienist licensed in that state and that your license is in good standing. This letter must be mailed from your state dental licensing board directly to the South Dakota State Board of Dentistry office.

Name: _____ ☐ Dentist ☐ Dental Hygienist

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

E-mail address: _____

(E-mail address will not be shared with anyone and will only be used to facilitate contact if necessary)

Where in South Dakota will you be working?

Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Date(s) of service:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Please check one:

- ☐ I hereby certify that I have completed more than 1,500 clinical practice hours during the five years immediately preceding this application.

OR

- ☐ I hereby certify that I have graduated from an ADA CODA accredited United States dental or dental hygiene school within three years preceding the date of application.

Please list the state(s) in which you currently practice:

STATE _____	LICENSE # _____	DATE RECEIVED _____	STATUS _____
STATE _____	LICENSE # _____	DATE RECEIVED _____	STATUS _____
STATE _____	LICENSE # _____	DATE RECEIVED _____	STATUS _____

Have you ever had disciplinary action taken against your license in any state for any reason? Yes No

If yes, please attach an explanation and all documents pertaining to the disciplinary action(s).

- ☐ I hereby agree to notify the South Dakota State Board of Dentistry immediately if I am subject to any discipline or criminal convictions between the date of submission of this application and the dates of service in South Dakota.

I declare and affirm under the penalties of perjury that this application has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Signature: _____ Date: _____

For office use only: Ck number: _____ Amount: _____ Date Rec'd: _____ CPR Valid to: _____ Verification Ltr. Rec'd _____



South Dakota State Board of Dentistry

P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079

Ph: 605-224-1282

Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com

www.sdboardofdentistry.com

SOUTH DAKOTA STATE BOARD OF DENTISTRY **BOARD APPROVED COURSES FOR LICENSURE/REGISTRATION/PERMITS:**

1. DENTISTS

- a. Administer Nitrous Oxide: 20:43:09:05
 - i. Nitrous Oxide Courses taken through American Dental Association Commission on Dental Accreditation (ADA CODA) accredited dental, dental hygiene or dental assisting schools.
 - ii. Western Dakota Technical Institute (WDTI) Nitrous Oxide course (Approved until CODA Accreditation is completed). *Operational as of June 17, 2016.*
- b. General Anesthesia and Deep Sedation Permit: 20:43:09:03 –programs set forth in rule. These are not Board approved.
 - i. ACLS: 20:43:09:03(3) –
 1. American Heart Association Advanced Cardiac Life Support (ACLS)
 2. American Heart Association Pediatric Advanced Life Support (PALS)
- c. Moderate Sedation Permit: 20:43:09:04 –
 - i. ACLS: 20:43:09:04(3) –
 1. American Heart Association Advanced Cardiac Life Support (ACLS)
 2. American Heart Association Pediatric Advanced Life Support (PALS)
 - ii. IV Conscious Sedation
 - Location: Augusta, GA.
 - Sponsor: Medical College of Georgia Regents University (*formally known as Georgia School of Dentistry*)
 - Hours: At least 60. Patients: At least 20
 - iii. Medical Emergencies, Local Anesthesia and Moderate Sedation in Dental Practice
 - Location: Dayton, OH.
 - Sponsor: Miami Valley Hospital
 - Hours: At least 60. Patients: At least 20
 - iv. Conscious Patient Management with IV and Nitrous Sedation in General Dentistry
 - Location: The Bronx, NY.
 - Sponsor: Montefiore Medical Center
 - Hours: At least 60. Patients: At least 20
 - v. Mini-Residency: An Intensive Course in Conscious Sedation
 - Location: Birmingham, AL.
 - Sponsor: University of Alabama
 - Hours: At least 60. Patients: At least 20
 - vi. Learn IV Sedation
 - Location: Portland, OR.
 - Sponsor: Oregon Academy of General Dentistry
 - Hours: At least 60. Patients: At least 20
 - vii. Clinical Intravenous Sedation

- Location: Los Angeles, CA.
 - Sponsor: The Herman Ostrow School of Dentistry of USC
 - Hours: At least 60. Patients: At least 20
- viii. IV Training for Moderate Sedation
- Location: Various Locations in the United States.
 - Sponsor: Conscious Sedation Consulting
 - Hours: At least 60. Patients: At least 20
- ix. ADA CODA accredited General Practice Residency that meets the regulatory requirements
- Location: Various.
 - Hours: At least 60. Patients: At least 20
- d. CPR
- i. American Heart Association Basic Life Support (BLS) Provider (*formerly known as the Healthcare Provider*)
 - ii. American Red Cross for the Professional Rescuer or the Healthcare Provider
 - iii. Military Training Network (MTN) Healthcare Provider Course
 - iv. American Heart Association Advanced Cardiac Life Support (ACLS)
 - v. American Heart Association Pediatric Advanced Life Support (PALS)
2. **DENTAL HYGIENISTS:**
- a. DH Administer Nitrous Oxide: 20:43:09:06
- i. Nitrous Oxide Courses taken through ADA CODA accredited dental, dental hygiene or dental assisting schools.
 - ii. Western Dakota Technical Institute (WDTI) Nitrous Oxide course (Approved until CODA Accreditation is completed). *Operational as of June 17, 2016.*
- b. DH Administer Local Anesthesia: 20:43:09:06.01
- i. Local Anesthesia Courses taken through ADA CODA accredited dental or dental hygiene schools.
- c. CPR
- i. American Heart Association Basic Life Support (BLS) Provider (*formerly known as the Healthcare Provider*)
 - ii. American Red Cross for the Professional Rescuer or the Healthcare Provider
 - iii. Military Training Network (MTN) Healthcare Provider Course
 - iv. American Heart Association Advanced Cardiac Life Support (ACLS)
 - v. American Heart Association Pediatric Advanced Life Support (PALS)
3. **REGISTERED DENTAL ASSISTANTS**
- a. RDA: 20:43:08:03 (1)
- i. ADA CODA accredited dental assisting programs.
 - ii. Western Dakota Technical Institute (WDTI) dental assistant training program (non-accredited). *Discontinued as of May 20, 2016. Anyone that graduated prior to that time would be eligible for registration.*
 - iii. Western Dakota Technical Institute (WDTI) dental assistant program (Approved until CODA Accreditation is completed). *Operational as of May 21, 2016.*
 - iv. South East Technical Institute (SETI) dental assisting program (non-accredited). *SETI discontinued its dental assisting program effective May 12, 2011. Anyone that graduated prior to that time would be eligible for registration.*
 - v. DANB Certified Dental Assistant (CDA) Certification (three components: Radiation Health and Safety, Infection Control and General Chairside Assisting)
 - vi. Lake Area Technical Institute (LATI) expanded functions dental assistant continuing education course.

- b. RDA Administer Nitrous Oxide: 20:43:09:06
 - i. Nitrous Oxide courses taken through ADA CODA accredited dental, dental hygiene and dental assisting schools.
 - ii. Western Dakota Technical Institute (WDTI) Nitrous Oxide course (Approved until CODA Accreditation is completed). *Operational as of June 17, 2016.*
- c. CPR
 - i. American Heart Association Basic Life Support (BLS) Provider (*formerly known as the Healthcare Provider*)
 - ii. American Red Cross for the Professional Rescuer or the Healthcare Provider
 - iii. Military Training Network (MTN) Healthcare Provider Course
 - iv. American Heart Association Advanced Cardiac Life Support (ACLS)
 - v. American Heart Association Pediatric Advanced Life Support (PALS)

4. **RADIOGRAPHERS**

- a. Radiography: 20:43:07:03
 - i. 16 hour Radiography courses taken through ADA CODA accredited dental, dental hygiene or dental assisting programs.
 - ii. 16 hour Radiography courses taken through Western Dakota Technical Institute (WDTI). WDTI offers a standalone 16 hour course or a course that students in the Dental Assisting program complete while completing the Dental Assisting program. WDTI provides a radiography certificate upon completion of the radiography component.
 - iii. 16 hour Radiography courses taken through Southeast Technical Institute (SETI) (non-accredited DA program). SETI offered a 16 hour course that RDA students take while completing the RDA program. SETI provided a radiography certificate upon completion of the radiography component. *SETI discontinued its RDA program effective May 12, 2011. Anyone that graduated prior to that time would be eligible for registration, if requirements are met.*
 - iv. Radiography component of Dental Assisting National Board (DANB) plus instruction on placement techniques and exposing radiographs from employer.
 - v. Department of the Air Force, Ellsworth Air Force Base 16 hour radiography course taught by Ms. Luann F. Brownson, offered to personnel (active duty, reserve, guard, Red Cross or GS) working as dental technicians at the Ellsworth Air Force Base.

5. **PERMIT TO MONITOR PATIENTS UNDER ANESTHESIA – DH, RDA and DA**

- a. DH, RDA and DA Monitoring Moderate and Deep/General: 20:43:09:10
 - i. Dental Anesthesia Assistant National Certification Examination (DAANCE)
 - Sponsor: American Association of Oral and Maxillofacial Surgeons (AAOMS)
 - Hours: 36
 - ii. Anesthesia Assistants Review Course
 - Sponsor: American Association of Oral and Maxillofacial Surgeons (AAOMS)
 - Hours: 12
 - iii. Assistant Sedation/Anesthesia Course
 - Sponsor: American Dental Society of Anesthesiology (ADSA)
 - Hours: 12
 - iv. Assistant Sedation/Anesthesia Course – Online Course
 - Sponsor: American Dental Society of Anesthesiology (ADSA)
 - Hours: 14. Fourteen individual one hour courses must be completed: Anesthetic Drugs; Are You Ready to Rescue?; Dental Assistants Point of View; Medicolegal and Informed Consent; Monitoring and Airway; Patient Monitoring; Pediatric Patient Monitoring (2016); Pediatric Patient

Monitoring (2017); Preoperative Assessment; Preparing for the Worst; Principles of Pharmacology; The Anesthetic Plan; The Apprehensive Patient; and The Preoperative Patient. All fourteen certificates must be submitted with the application.

- v. Conscious Sedation Consulting Online Sedation Course.
 - Sponsor: Conscious Sedation Consulting
 - Hours: 8. Eight individual one hour courses must be completed: A Culture of Safety; Patient Assessment; Sedation; Pain; Patient Monitoring; Adverse Events – Airway & Respiratory; Adverse Events – Cardiac & Neurological; and Recovery and Discharge. All eight certificates must be submitted with the application.
- vi. Sedation and Anesthesia in the Dental Practice
 - Sponsor: South Dakota Dental Association
 - Hours: 8
- vii. Intravenous Conscious Sedation Course, GRU, College of Dental Medicine
 - Sponsor: Georgia Regents University
 - Hours: 40

b. CPR

- i. American Heart Association Basic Life Support (BLS) Provider (*formerly known as the Healthcare Provider*)
- ii. American Red Cross for the Professional Rescuer or the Healthcare Provider
- iii. Military Training Network (MTN) Healthcare Provider Course
- iv. American Heart Association Advanced Cardiac Life Support (ACLS)
- v. American Heart Association Pediatric Advanced Life Support (PALS)

6. Regional Examination Equivalency

- a. California Dental Hygiene State Board Exam—1988



Because Life Matters.

July 18, 2017

South Dakota State Board of Dentistry
Brittany Novotny
1351 N. Harrison Ave.
Pierre, SD 57501

Dear Brittany Novotny,

At ProTrainings, we would like to be reviewed in order to be accepted by the South Dakota State Board of Dentistry for Dental professionals to use our ProCPR-CPR and AED for the Healthcare Provider classroom and blended certifications. Per your recent inquiries, our curriculum has changed, as in we now follow the most recent 2015 ECC/ILCOR and AHA published guidelines. We have been deemed to not only meet the AHA- Healthcare Provider and ARC - Professional Rescuer curriculum guidelines, but also exceed this curriculum, basis formed by Emergency Medical Professionals. We additionally include Adult rescue breathing, conscious choking for adult, child and infant, and unconscious choking for adult, child and infant. I will include a comparison chart within this packet.

ProTrainings, LLC., is an approved provider for the Academy of General Dentistry/PACE; our approval number is 343086. At ProTrainings, we are also approved by the Dental Assisting National Board (DANB.)

Understanding your regulations, we believe that these two certifications meet and exceed your requirements for obtaining CPR certification for your Dental professionals. We look forward to the South Dakota State Board of Dentistry accepting these two certifications from ProTrainings, LLC.

- ProCPR - Healthcare Provider CPR, AED and BLS for adult, child and infant
- ProFirstAid Advanced - Healthcare Provider CPR, AED, BLS and First Aid for adult, child and infant

At ProTrainings, we follow the most recent 2015 ECC/ILCOR and American Heart Association published guidelines. Experts in the field of CPR Instruction have reviewed and deemed ProCPR and ProFirstAid Advanced certifications to meet and exceed the guidelines in the American Heart Association and American Red Cross certification courses. In addition, we have many national and global approvals, not limited to, which you can locate within this link: <http://www.protrainings.com/acceptance>. Here are some of the Boards and organizations in the state of South Dakota that approve, accept, or recognize our programs here at ProTrainings, yet not limited to:

- South Dakota Board of Massage Therapy
- South Dakota Board of Education: Teachers, Coaches and Educators
- South Dakota Department of Health, Emergency Medical Services: EMS
- South Dakota Board of Examiners in Optometry
- South Dakota Board of Pharmacy
- South Dakota Board of Nursing



Because Life Matters.

Our Dental professionals do complete a hands-on skill evaluation upon completion of the cognitive portion. Students complete the classroom and blended courses by watching training videos, performing a skill practice with a live Instructor/Skill Evaluator, completing a hands-on skill evaluation, and passing a written test with a score of 80% correct or better. As a national organization, ProTrainings is available to provide assistance to our students for material questions, state board requirements, and help in locating a skill evaluation method in their area.

The course content for each course can be located on the back of the certification cards. You can also access any of our Student and Instructor materials anytime at <http://downloads.protrainings.com>. In this packet, I have included the following items for your review:

- ProTrainings, LLC Instructor Manual
- ProCPR Student Manual
- ProCPR Course DVD's
- ProTrainings, LLC Compliance Packet
- DANB Approval letter
- AGD Approval letter
- Letter requesting board acceptance
- ProTraining, AHA and ARC comparison chart

We look forward to providing an excellent option for South Dakota Dental professionals to complete high quality approved BLS and CPR training.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Jennifer Martin
Compliance Coordinator, ProTrainings, LLC.
Office: 855-462-4212
Fax: 810-592-5007
Email: jennifer.martin@protrainings.com
Website: www.protrainings.com

Healthcare Provider BLS CPR Certification Comparison Chart

Topic	Red Cross	AHA	ProTrainings
Certification Period	2 years	2 years	2 years
Course Length	2-4.5 hours	3-5 hours	3-5 hours

Course Content:

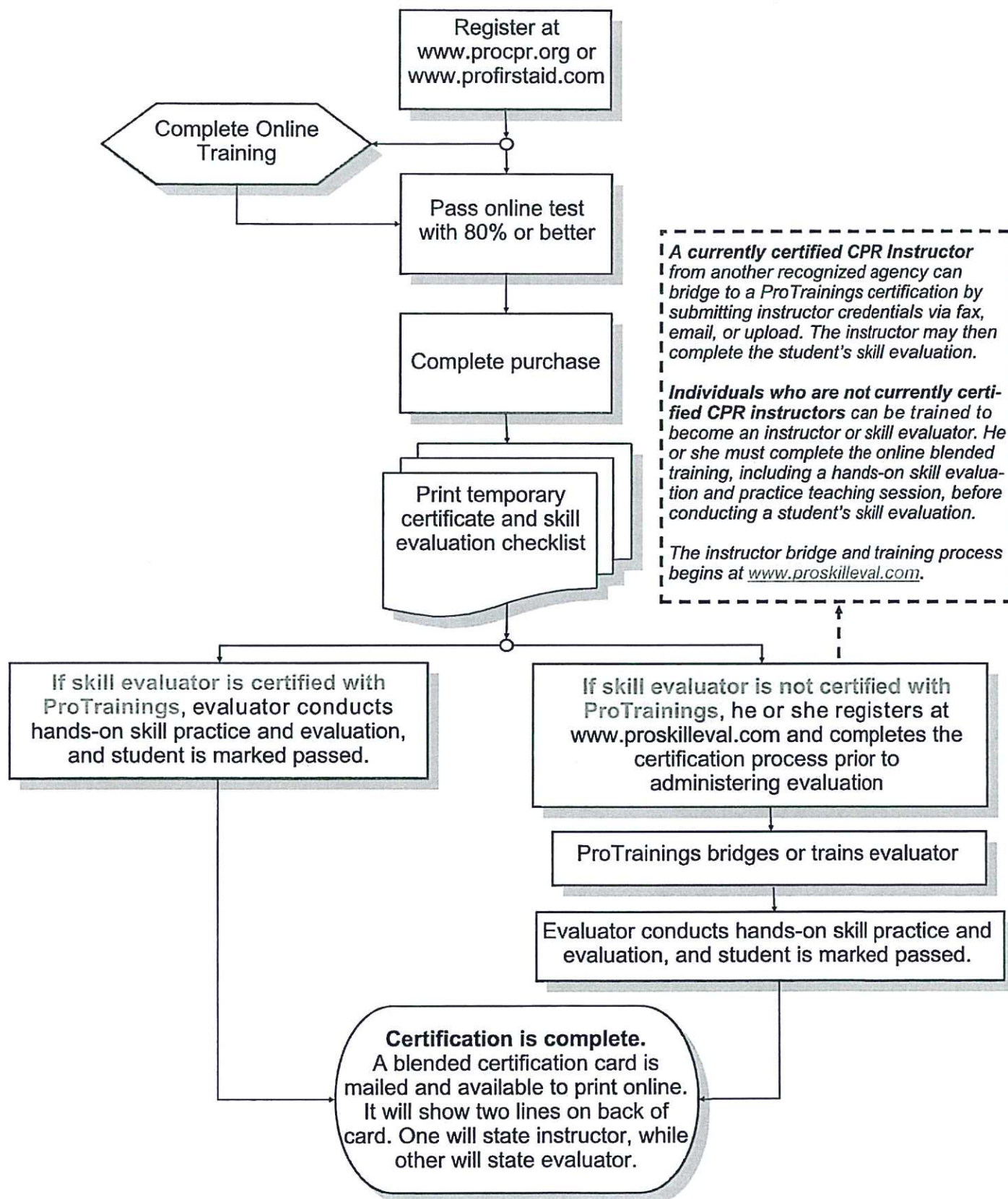
Cardiovascular Disease	X	X	X
Heart Attack	X	X	X
Stroke	X	X	X
Universal Precautions	X	X	X
Assessment and Scene Safety	X	X	X
Airway and Breathing for Adult/Child/Infant	X	X	X
Rescue Breathing for Adult/Child/Infant	X	X	X
Adult 1 breath every 5 sec, Child/Infant 1 breath every	X	X	X
Chest Compressions for Adult/Child/Infant	X	X	X
1 Rescuer CPR for Adult/Child/Infant	X	X	X
30 Comp. to 2 breaths, 2-2.4" deep, 100-120 per min.	X	X	X
AED for Adult/Child/Infant	X	X	X
Bag Valve Mask Usage	X	X	X
2 Rescuer CPR for Adult/Child/Infant	X	X	X
Conscious Choking for Adult/Child/Infant	X	X	X
Unconscious Choking for Adult/Child/Infant	X	X	X
Written Test	X	X	X

Required Final Skill Evaluation:

1 and 2 Rescuer CPR for Adult with AED	X	X	X
1 and 2 Rescuer CPR for Infant with AED	X	X	X
Adult Rescue Breathing			X
Conscious Choking for Adult/Child and Infant			X
Unconscious Choking for Adult/Child and Infant			X

ProTrainings' CPR certifications are equivalent to and meet or exceed the requirements of American Heart Association and American Red Cross CPR certifications.

How Does a Blended Certification Course Work?




SAMPLE Blended Course Certification Cards

Participants complete the training and written test online at www.procp.org or www.profirstaid.com. After successfully completing the training and passing the written test, the participant must complete a hands-on practice and skill evaluation with a currently certified Skill Evaluator/Instructor from ProTrainings.

After a Skill Evaluator/Instructor marks the certification complete, a digital signature is printed on the back of the card on the skill evaluator line. Blended certificates will have two lines on back of card, Instructor and Skill Evaluator. Completed certificates are available online and a printed copy is mailed.

Front

Back



ProCPR®
a ProTrainings.com company

This card certifies that the individual has successfully completed the National Cognitive & Skills Evaluation in accordance with ProTrainings Curriculum & American Heart Association® guidelines.

YVONNE A. SAVEALIFE

has completed Adult/Child/Infant CPR & AED Certification for Health Care Provider (BLS)

Date Issued: 24 Mar 2016 Renew By: 24 Mar 2018
Certificate # 0000MYCERT0000

This Certification includes the following objectives and is consistent with national consensus 2015 ECC/ILCOR and American Heart Association® Guidelines.

AED	Shock Management
2 Person CPR	Heart Attack and Stroke
Bag Valve Mask	Breathing Emergency
Bleeding Control	Universal Precautions
Adult, Child, Infant CPR (Health Care Provider)	
Choking, Conscious and Unconscious	

Instructor: **ROY W. SHAW**

Skill Evaluator: **JODY MARVIN** # 1000

888-406-7487 www.procp.org support@protrainings.com



ProFirstAid®
a ProTrainings.com company

This card certifies that the individual has successfully completed the National Cognitive & Skills Evaluation in accordance with ProTrainings Curriculum & American Heart Association® guidelines.

YVONNE A. SAVEALIFE

has completed Adult and Pediatric CPR/AED & First Aid Certification

Date Issued: 24 Mar 2016 Renew By: 24 Mar 2018
Certificate # 0000MYCERT0000


This Certification includes the following objectives and is consistent with national consensus 2015 ECC/ILCOR and American Heart Association® Guidelines.

Adult & Pediatric CPR	Universal Precautions
AED	Diabetic Emergencies
Bleeding Control	Stroke
Musculoskeletal Injuries	Burns
Poisoning	Bites and Stings
Shock Management	Allergic Reactions
Breathing Emergencies	Seizures
Heart Attack	Heat and Cold Emergencies
Choking, Conscious and Unconscious	

Instructor: **ROY W. SHAW**

Skill Evaluator: **JODY MARVIN** # 1000

888-406-7487 www.profirstaid.com support@protrainings.com



ProFirstAid® Advanced
a ProTrainings.com company

This card certifies that the individual has successfully completed the National Cognitive & Skills Evaluation in accordance with ProTrainings Curriculum & American Heart Association® guidelines.

YVONNE A. SAVEALIFE

has completed Adult/Child/Infant CPR & AED Certification for Health Care Provider (BLS) + First Aid

Date Issued: 24 Mar 2016 Renew By: 24 Mar 2018
Certificate # 0000MYCERT0000


This Certification includes the following objectives and is consistent with national consensus 2015 ECC/ILCOR and American Heart Association® Guidelines.

AED	Shock Management
2 Person CPR	Poisoning
Bag Valve Mask	Burns
Heart Attack	Musculoskeletal Injuries
Stroke	Bites and Stings
Breathing Emergencies	Diabetic Emergencies
Universal Precautions	Allergic Reactions
Bleeding Control	Seizures
Choking, Conscious and Unconscious	Heat and Cold Emergencies
Adult, Child, Infant CPR (Health Care Provider)	

Instructor: **ROY W. SHAW**

Skill Evaluator: **JODY MARVIN** # 1000

888-406-7487 advanced.profirstaid.com support@protrainings.com



ProFirstAid® Basic
a ProTrainings.com company

This card certifies that the individual has successfully completed the National Cognitive & Skills Evaluation in accordance with ProTrainings Curriculum & American Heart Association® guidelines.

YVONNE A. SAVEALIFE

has completed CPR & First Aid (AED inclusive) Certification

Date Issued: 24 Mar 2016 Renew By: 24 Mar 2018
Certificate # 0000MYCERT0000



This Certification includes the following objectives and is consistent with national consensus 2015 ECC/ILCOR and American Heart Association® Guidelines.

Adult CPR	Universal Precautions
AED	Diabetic Emergencies
Bleeding Control	Stroke
Musculoskeletal Injuries	Burns
Poisoning	Bites and Stings
Shock Management	Allergic Reactions
Breathing Emergencies	Seizures
Heart Attack	Heat and Cold Emergencies
Choking, Conscious and Unconscious	

Instructor: **ROY W. SHAW**


Skill Evaluator: **JODY MARVIN** # 1000

888-406-7487 basic.profirstaid.com support@protrainings.com

 <h2 style="text-align: center;">ProCPR Basic</h2> <p style="text-align: center;">a ProTrainings.com company</p> <p>This card certifies that the individual has successfully completed the National Cognitive & Skills Evaluation in accordance with ProTrainings Curriculum and American Heart Association® guidelines.</p> <p style="text-align: center;">YVONNE A. SAVEALIFE</p> <p>has completed Adult CPR and AED Training</p> <p>Date Issued: 24 Mar 2016 Renew By: 24 Mar 2018</p> <p style="text-align: center;">Certificate # 0000MYCERT0000</p>	<p>This Certification includes the following objectives and is consistent with national consensus 2015 ECC/ILCOR and American Heart Association® Guidelines.</p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> Adult CPR AED Shock Heart Attack Stroke </td> <td> <ul style="list-style-type: none"> Conscious Choking Unconscious Choking Bleeding Control Universal Precautions </td> </tr> </table> <p>Instructor: <u>ROY W. SHAW</u></p> <p>Skill Evaluator: <u>JODY MARVIN</u> # <u>1000</u></p> <p style="text-align: right;">888-406-7487 adult.procp.org support@protrainings.com</p>	<ul style="list-style-type: none"> Adult CPR AED Shock Heart Attack Stroke 	<ul style="list-style-type: none"> Conscious Choking Unconscious Choking Bleeding Control Universal Precautions
<ul style="list-style-type: none"> Adult CPR AED Shock Heart Attack Stroke 	<ul style="list-style-type: none"> Conscious Choking Unconscious Choking Bleeding Control Universal Precautions 		
 <h2 style="text-align: center;">Community CPR</h2> <p style="text-align: center;">a ProTrainings.com company</p> <p>This card certifies that the individual has successfully completed the National Cognitive and Skills Evaluation in accordance with ProTrainings Curriculum for Community CPR</p> <p style="text-align: center;">YVONNE A. SAVEALIFE</p> <p>has completed Adult and Pediatric CPR/AED</p> <p>Date Issued: 24 Mar 2016 Renew By: 24 Mar 2018</p> <p style="text-align: center;">Certificate # 0000MYCERT0000</p>	<p>This Certification includes the following objectives and is consistent with national consensus 2015 ECC/ILCOR and American Heart Association® Guidelines.</p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> Adult, Child, Infant CPR Adult, Child, Infant AED Hands-Only CPR Choking, Conscious and Unconscious </td> <td> <ul style="list-style-type: none"> Heart Attacks Stroke Shock Management Bleeding Control </td> </tr> </table> <p>Instructor: <u>ROY W. SHAW</u></p> <p>Skill Evaluator: <u>JODY MARVIN</u> # <u>1000</u></p> <p style="text-align: right;">888-406-7487 communitycpr.protrainings.com support@protrainings.com</p>	<ul style="list-style-type: none"> Adult, Child, Infant CPR Adult, Child, Infant AED Hands-Only CPR Choking, Conscious and Unconscious 	<ul style="list-style-type: none"> Heart Attacks Stroke Shock Management Bleeding Control
<ul style="list-style-type: none"> Adult, Child, Infant CPR Adult, Child, Infant AED Hands-Only CPR Choking, Conscious and Unconscious 	<ul style="list-style-type: none"> Heart Attacks Stroke Shock Management Bleeding Control 		

SAMPLE 100% Online Course Certification Card

The online only certification card can be obtained by individuals who are not required to complete hands on training for their workplace or regulatory body.

 <h2 style="text-align: center;">ProCPR®</h2> <p style="text-align: center;">a ProTrainings.com company</p> <p>This card certifies that the individual has successfully completed the National Cognitive Evaluation in accordance with ProTrainings Curriculum and the American Heart Association® guidelines</p> <p style="text-align: center;">YVONNE A. SAVEALIFE</p> <p>has completed Adult/Child/Infant CPR & AED Certification for Health Care Provider (BLS)</p> <p>Date Issued: 24 Mar 2016 Renew By: 24 Mar 2018</p> <p style="text-align: center;">Certificate # 0000MYCERT0000</p>	<p>This Certification includes the following objectives and is consistent with national consensus 2015 ECC/ILCOR and American Heart Association® Guidelines.</p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> AED 2 Person CPR Bag Valve Mask Bleeding Control Adult, Child, Infant CPR (Health Care Provider) Choking, Conscious and Unconscious </td> <td> <ul style="list-style-type: none"> Shock Management Heart Attack and Stroke Breathing Emergency Universal Precautions </td> </tr> </table> <p>Instructor: <u>ROY W. SHAW</u></p> <p style="text-align: right;">888-406-7487 www.procp.org support@protrainings.com</p>	<ul style="list-style-type: none"> AED 2 Person CPR Bag Valve Mask Bleeding Control Adult, Child, Infant CPR (Health Care Provider) Choking, Conscious and Unconscious 	<ul style="list-style-type: none"> Shock Management Heart Attack and Stroke Breathing Emergency Universal Precautions
<ul style="list-style-type: none"> AED 2 Person CPR Bag Valve Mask Bleeding Control Adult, Child, Infant CPR (Health Care Provider) Choking, Conscious and Unconscious 	<ul style="list-style-type: none"> Shock Management Heart Attack and Stroke Breathing Emergency Universal Precautions 		

The online only certification card will state, "cognitive evaluation" and have only one Instructor line.



South Dakota DENTAL ASSOCIATION

A constituent society of the American Dental Association

S.D. Dental Association
804 N. Euclid, Ste 103
Pierre, SD 57501-1194
Phone (605) 224-9133
FAX (605) 224-9168
www.sddental.org

September 1, 2017

State Board of Dentistry
ATTN: Lisa
PO Box 1079
Pierre, SD 57501

Dear Lisa:

The South Dakota Dental Association (SDDA) is requesting the South Dakota Board of Dentistry's sponsorship of Dr. Raymond Yukna to conduct a CE session during the SDDA Annual Session on May 18, 2018 in Sioux Falls, SD. His honorarium is \$10,000.

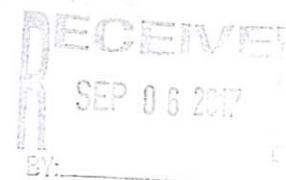
There will be no registration fee for Dr. Yukna's session and it will be open to all dental professionals.

Enclosed is information regarding Dr. Yukna and the course he will be speaking on.

Thank you for considering our request.

Sincerely,

Paul Knecht, SDDA
Executive Director



Dr. Raymond Yukna Bio

Dr. Raymond Yukna is Professor of Advanced Periodontal Therapies at the University of Colorado, School of Dental Medicine and has a part-time private practice in Parker, Colorado. A graduate of Tufts University School of Dental Medicine, Dr. Yukna received his periodontal training at the National Naval Dental Center, Bethesda, Maryland, and a Master of Science Degree from George Washington University. He is a renowned national and international lecturer on lasers in periodontal treatment. He is concentrating his private practice on the use of lasers.

"Lasers in Everyday Dentistry", 8:00 am to 4:00 pm

Lasers are an exciting new addition to the dental armamentarium and are increasingly being used for/applied to various dental procedures by general dentists, periodontists, and other specialists. When used appropriately, lasers offer certain advantages over a conventional armamentarium. Knowledge and understanding of basic laser principles are important for every dentist to deal with various marketing claims. This course will familiarize the clinician with different types of lasers, laser physics, laser-tissue interactions, and laser safety. The use of lasers for a variety of dental procedures will be presented including cavity preparation, crown and veneer removal, biopsies, frenectomies, esthetic gingival tissue management, non-surgical and surgical treatment of periodontitis and peri-implantitis, and osseous surgery. Scientific evidence will be presented which includes human histologic results demonstrating cementum-mediated new attachment in the treatment of periodontitis.

The objectives of this course include:

- Familiarize clinicians and their staff with laser types and various laser wavelengths.
- Describe laser-tissue interactions and how different lasers affect different tissues.
- List the advantages and disadvantages of laser use.
- Identify clinic situations where lasers would be useful.
- Identify potential limitations for laser use in dentistry.